

**The Collection of Dr. Ikkaku Ochi
Medical Photography from Japan
around 1900**

Akimitsu Naruyama (ed.)

In Japanese fairytales and legends we often encounter boxes. They are farewell presents the protagonist receives upon leaving another world. The protagonist must not open the box, yet this very prohibition forces him to do so. Boxes are full of secrets. And it is in human nature to want to reveal them. This type of secret started my discovery of this collection of medical photographs. One day, the art collector Akimitsu Naruyama, a long-time friend of mine, called me from Tokyo. „I got a box with more than 300 incredible photographs,“ he told me. „They are medical photographs from the Meiji era (1868 – 1911). You’ve never seen anything like it.“

The box was made of light princess-tree wood and was the size of a shoebox. „Kakugan“ (kaku = a place in China, gan = a cave) and an illegible name and date were written in Kanji on its stained lid. On its back was the name and the date of an earlier owner. In the upper right corner, someone had pasted a thin piece of rice paper with the note “Content: photographs.” A quick glance inside explained Naruyama’s excitement: it contained hundreds of photographs of people with congenital or pathological deformations. Even to a medical amateur it was immediately obvious that these were astonishing historical documents since modern medicine entirely, or at least partially, prevents these deformations from developing. To some, these photographs might go too far. Nevertheless, it was impossible to ignore the beauty of some of these images. They are not merely documents of disease. Rather, they are sensitive portraits of human enduring their ordeals with a stoic, or even dignified, attitude. They tell us about the deformations afflicting the young, adult, and aging, the real and the idealized human body. They tell us about the melancholia in between the ideal and the real.

There were altogether 365 photographs in the box – five on glass plates, the rest were albumin prints on cardboard. There were eye, skin, and venereal diseases, moreover they also showed tumors and congenital deformations. 150 photographs were numbered on the back, complemented by the name of the photographer’s studio and the name of the disease. Hence, you could assume that it was a complete set. Besides this set, the box contained photographs by the medical faculty of the University of Kyoto (Daisan-Kotochugakko) in Okayama (the prefecture of Okayama is in the south of Japan, bordering on Hiroshima to the west), some portraits and class photographs. These images were signed on the back by a certain Ikkaku Ochi with his name and address. Ochi was born on February 15 (or June 12), 1875, in Uedono-mura in Sanken-gun in the prefecture of Hiroshima. In 1895, he graduated from the medical faculty of the University of Kyoto in Okayama, together with 62 other students. In 1896, he joined the Japanese army as medical officer until his honorable discharge in 1917. Among others, he served on the frontlines of the Japanese-Russian war (1904 – 1905). In 1918, he opened a practice for internal medicine in the city of Hiroshima where he died on January 21, 1930. It is no longer possible to determine how and where he acquired the photographs. Most likely they are

educational material he obtained during his studies at the University of Kyoto. Astonishingly, they even survived the nuclear attack on Hiroshima.

The starting point of the search for the photographer was the name of the photo studio printed on the back, Ôta Shashinkan (shashinkan – photo studio) and its address. The studio was located in the Nishi-Sange neighborhood in the city of Okayama, directly opposite the council house. It was also called Ôta Rakusui-ken, according to an ad in the local directory of small businesses and industry. Thanks to one of his descendants who conducts research on his ancestors on the internet, we could determine the name of the photographer and studio owner at the time: Tsutomu Ôta.

In 1868, he was born the third son of physician Yoan Moriya in Kurashiki, Okayama. His father was well-known for his efforts in the fight against the small-pox virus. Tsutomu's older brother Hoichiro continued the family tradition and became a medical officer. As was custom when a family lacked male descendants, he took on the name of his wife's family, Ôta. The Ôta family (among them were a few physicians, too) had been civil servants for generations, but increasingly lost their power and wealth during the Meiji restoration. To pay off debts Tsutomu had to sell the family's house in the village of Nishi-Hanajiri in Okayama and moved with his family to the city of Okayama. He first worked as a security guard at a school which turned out to be a fortunate coincidence for a student asked him to guard his camera, then still rare and expensive, during classes. Tsutomu Ôta taught himself how to use the camera and soon opened up his own photo studio, Ôta Rakusui-ken.

Most likely Tsutomu was soon commissioned to photograph patients with rare symptoms of diseases. In 1890, a photograph by Tsutomu was already published in the medical journal *Geibi Iji*. He was only 22-years old at that time. Most likely it was a commission by the authors of these studies who all taught at the medical faculty and worked at the affiliated hospital of the prefecture of Okayama where they treated these patients. The hospital was only half a mile away from Tsutomu's studio. In addition it was probably helpful that his brother Hoichiro had studied at the same faculty and hence had contacts at the hospital. The photographs probably were archival documents of rare diseases. Looking through old issues of *Geibi Iji* in the library of the medical faculty at the University of Okayama, we found five of the patients photographed by Ôta. Since photographs were not printed in large editions back then, Tsutomu Ôta's photographs were copied as copperplate engravings, which were then used as illustrations in *Geibi Iji*.

For instance the young woman with bilateral mammahyperplasia (oversized breasts) on whom the physician Genshi Seo reported the following in the issue of May 31, 1890: the girl whose last name was Ono had been rather weak since birth. In 1888, when she was 16-years old, she had her first period and noticed at the same time that her breasts were starting to grow. After 12 months, she developed to a "normal" size, yet the quantity of

menstrual blood decreased every month. Her breasts kept growing while she simultaneously lost weight. When she weighed no more than 81 pounds and could no longer carry the weight of her breasts, the doctors started to fear for her life. At the urgent request of the young woman, they decided to amputate both breasts. The operation was performed on December 17, 1889. The right breast weighed 4.8 pounds, whereas the left breast weighed 4.6 pounds, adding up to 1/9 of her entire weight. "No wonder, Miss Ono kept losing weight for 1/9 of her diet went right into this parasitic organ." Three weeks later, Miss Ono left the hospital in good health, weighing more than 100 pounds.

Or the 26-year old man with a dilation of the stomach (gastrextasia) whose "extraordinarily extreme dimensions" made Dr. Shinichi Kodama of the hospital of the prefecture Okayama almost gush. Mr. Uemori came to the hospital on May 27, 1895, when he was no longer able to continue his work as rice thresher. Since puberty he suffered from chronic constipation. With 17 he was diagnosed with a stomach disease. It was treated and cured in 1892 at the prefecture hospital. Two years later, however, his stomach started to swell. "The maximum circumference of his stomach was one yard when he visited the hospital. When the patient was lying on his back, you could clearly make out a writhing movement in the stomach area. It intensified when you touched it with your hand, something cold, or an electric current. Through the stethoscope you could hear a low throbbing, and the stomach felt like a gigantic inflatable cushion," the doctor continued. "It is unusual that despite these symptoms Mr. Uemori has more or less healthy digestion and goes to school once a day." When the stomach was examined more closely, it turned out that the amount of pepsin (a ferment of the stomach fluids that splits proteins) was normal. Dr. Kodama suspected that the cause for the disease was a mechanical malfunction of the pylorus, the connection between the stomach and the duodenum.

In 1897, a physician named Tachisaburo Sarai reported a case of tetanus with grave effects. The 24-year old man had fallen ill with tetanus at the age of 9 and had not been able to move his lower jaw ever since. He could only eat mashed food through an opening where his teeth had fallen out. Full of compassion, Dr. Sarai wrote, "He has never eaten a manju (Japanese shortbread cookie), he only knows the juice of mandarins, and he eats noodles by "chewing" them with his lips and his tongue." The patient had a hard time articulating, but you could more or less understand what he said. On December 24, 1896, the joint of the right lower jaw was cut through. The patient got off lightly: he had to be reanimated because of a cyanosis. Two days later, his articulation had clearly improved, and on December 30 he already ate three bowls of rice. On January 20 of the following year the same operation was performed on the left side. Once again, there were some complications. On April 7, the doctor noted the right half of his face was more or less normal.

These are only three case histories – we only know the faces of the other patients and the aura surrounding them. But each of them has a story to tell of a life changed by illness, with passing or lasting effects.

Anna von Senger

The Box

The box that my friend showed me was adorned with elegant Japanese letters and of a rare quality. It was kept in the semi-subterranean office of a dealer. The contents of the box confirmed the idea that a certain sadness was inherent in traditional Japanese aesthetics. When I opened the box, I discovered little packets wrapped in cellophane. I opened one of them. It contained images of men, women, and children with unspeakable faces. The box exuded a strange smell, intoxicating but different from alcohol. I was electrified, and before I opened the next packet, I smelled again a photograph that had caught my attention. The photographs conjured up an unreal world—fantastic characters just like in Kabuki theater, and names of diseases you hardly ever hear anymore these days. The people in the photographs were sad, like in Kabuki as I just said, or in the legends that I used to read in illustrated books when I was a child.

This immense document of suffering not only reports the symptoms of diseases, it also represents the everyday life of the patients. Some of them strike rather theatrical poses. The man with the large abscess – maybe he is an artist – makes you wonder whether he was a kadozuke (a migrant artist living on alms who performed various tricks and read the sutras in front of the town gates) or a zato (the collective name in pre-modern Japan for blind people wearing a monk's attire who played Japanese instruments, like biwa or koto, or gave massages and acupuncture). A woman whose black satin collar suggests the red-light district and whose hair was adorned with a loose hairpin embellished with flowers (did she wear it just for this unique photo-opportunity?) suffered from a large tumor on her neck.

In pre-modern Japan, there was an aesthetic that had a considerably stronger connection to ghosts and phantoms than today's. There were many customs supposed to bring good luck. During absences of the master of the house, people in Tokonoma would hang up the painting of a ghost. In order to ensure their success, storytellers had representations of evil ghosts painted on the linings of their haori dresses. In order to ward off bad luck, some had the image of executed villains (or their heads) painted on their clothes. There were fabulous creatures like the Zashikiwarashi that brought wealth to the family they settled with. In summer some tried to attain coolness by daring to enter abandoned buildings or show booths, i.e. "touching" the uncanny and evanescent. Some of these customs you will hardly encounter in any other country.

In Japan, this narrow archipelago in a north-south arc, the finely woven kimono, created with patience, perseverance, skill, and industry, is fitted out with a lining of sadness – the sadness of the demi-monde, the sumo wrestlers, the city dwellers, the daughters of urban families, the factory workers, the showmen, the merchants, the artisans and of many more. Naturally, sadness can be found on the hidden reverse of other countries,

too. But it seems to me that particularly in Japan – because of the different moral codes, the countless traditions, and the tried patience of its natives – there is a tendency to rejoice in sadness, maybe in order to still show an appropriate respect for the transient. Here, they love plates with the lonely and sad image of a heron lost amidst snow-covered mountains.

As I have a predilection for the symbolic, I sometimes wish that I had been born in an earlier time. I am also convinced that there is a sadness intrinsic to Japanese aesthetics that is not sufficiently described by wabi and sabi, the terms usually used in this context.

The disappearance of many diseases is certainly a pleasant development. On the other hand, the strange beauty evoked by these images moved me tremendously. I hope that the reader will be moved by a sadness as intense as the one I felt when I first looked at them. And I hope that he or she will surmise the hidden reverse of the Japanese aesthetics once embedded in daily life.

Akimitsu Naruyama

History

The historical value of this collection of medical photographs is extraordinary. The sheer number of these medical photographs from a medical faculty affiliated with a hospital in the provinces at the end of the 19th century (around 1895) is astounding, as is the fact that they were taken by a professional photographer and have survived to this day. The Kakomach neighborhood in Hiroshima, where Ochi's practice for internal medicine was located, was in closest proximity to the epicenter of the nuclear bomb dropped by the Americans in World War II. Everything was destroyed there and countless human lives annihilated. If you also take into account that a large part of the other metropolitan areas in Japan went up in flames during the American bombardments, it is almost a miracle that this collection of photographs has survived in such good condition. The decision of the current owner, Akimitsu Naruyama, not to keep this collection as a private treasure but to publish it fills us with respect. It is important that this medical collection – of which neither the descendants of the photographer nor the previous owners had any knowledge – will be preserved and published.

From the viewpoint of the physician, it is not necessarily the case that the diagnostic terminology used 110 years ago is still understandable. Progress in medicine has transformed the classification of diseases, and for this very reason we are able to make much more precise diagnoses. However, many diagnostic terms written on the photographs have remained unchanged. One understands which disease the physicians of the time were most interested in.

Most of the diseases represented are in an advanced stage (although from a certain point of view you could say this about any disease). They were photographed to document their final phases. The afflicted body parts are all strongly deformed, and you can feel the pain just by looking at the images (the patients themselves naturally experienced strong pains accompanied by fever). The suppuration caused by a swollen stomach or the cyst on an ovary reach proportions hardly ever seen today. There is an astonishing number of malignant tumors, sarcomas for example. Equally astounding is the audacity of the surgical operations at the time – given that anesthesiology was still only very basic. Antibiotics for sterilization and carcinostatic treatments stopping the growth of cancer were still unknown. If the patient was diagnosed with a malignant tumor, he was likely to die shortly after the photosession in most cases.

It seems that there were a lot of patients with malignant tumors in advanced stages – it is astonishing, however, that so few case studies of them were published in medical journals. The massive distension and deformation of organs caused by bacterial infections – nowadays practically unknown thanks to the development of antibiotics – was also photographically documented.

A reddening of the epidermis is naturally a fever symptom and seems painful if you just look at the images. Besides bacterial infections, we encounter exemplary images of other diseases extinct today: leprosy, small pox, and many more.

The lay person will notice the genuinely repulsive images of deformed embryos and newborns with anomalies – one-eyed babies, Siamese twins, mutilations, hydrocephali. Collecting rare deformations at European medical faculties has been part of medicine's progress since the Renaissance. Even today preparations of deformed newborns form the core of the most famous anatomical collections in Europe, for example at the universities of Leyden (Netherlands), Montpellier (France), or Riga (Latvia). Although much later, the physicians of Okayama seem to have been guided by a similar interest. In addition, the photographs show numerous patients with a destroyed nose structure. It remains unclear whether these are injuries due to external influences, or whether these are symptoms of disease. Reconstructive plastic surgery was often performed on these patients. It would be interesting to know where they took the tissue from for this purpose, what type of surgical operation was performed, whether the transplanted tissue died, or whether the transplantation was a lasting success.

The standard of the medical faculty of Okayama and its affiliate hospital was the highest in all of south-western Japan at that time (around 1895) and was important as a regional center. But the fact that these documentary photographs of over 300 patients have survived in such excellent condition and are now published in book form is not just of great importance to medical historians but also to physicians at large and to the general public.

Sumio Ishida

Sumio Ishida

Born in 1948 in the prefecture of Okayama, Japan. He graduated from the medical faculty of the University of Okayama in 1973. Ishida is a physician, doctor of medicine and a professor at the University of Niimi, Okayama (medical faculty), and Hiroshima (history of medicine). He is also the director of the Japan Society of Medical History.

Akimitsu Naruyama

Born in 1966 in Tokyo, Japan. In his childhood he was trained in traditional Japanese music like koto. Later he started to collect surrealist photographs and drawings. In 1997 he opened Gallery Naruyama in the Kudan neighborhood in Tokyo. His personal collections as well as his exhibitions, which reflect a sad and timeless beauty, attract people from all over the world.

Anna von Senger

Born in 1967, the daughter of a Swiss father and a Japanese mother, she spent her childhood in Tokyo. She lives and works as a freelance journalist in Zurich and is the mother of two children.